



Evangelism Explosion International  
[www.evangelismexplosion.org](http://www.evangelismexplosion.org)  
Email: changemakers@eeworks.org

## EE Changemakers Application for 2023 Training

You can apply below for any of our Changemakers projects completing the relevant information. Please complete and submit this form to Evangelism Explosion International via email to [changemakers@eeworks.org](mailto:changemakers@eeworks.org)  
Once received we will communicate to you and discuss with you the process.

If your application is successful, you will then also be required to send to us:

- A photo of your personal identification
- A completed form of agreement including medical information

### Ministry Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP/Post Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Can you be contacted by WhatsApp/Signal/Telegram/Wechat or other? (please circle)

What do you preferred to be called?: .

Date of Birth: .

Are you (please circle one): **Male** or **Female**

If you are under the age of 18, please answer:

a. Parent/Guardian's Name: .

b. Phone: .

c. Email: \_\_\_\_\_

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Which location are you requesting to attend in 2023?



**Finland** August 19th to September 16<sup>th</sup>

**\*\*Applications to be lodged by AUGUST 1st**

Passport Number (if needed):

Country of Passport:

Expiration Date:

Will you have at least six months until the expiration of your passport after your date of travel? Yes/No

What is your current occupation? (If you are a student, please describe what you are studying):

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Marital Status (please circle): **Married** or **Single**

a. Spouse's Name (if any):

b. Number of children (if any):

c. Ages of children (if any):

Other than English, what other languages do you speak?:

Please provide the names and contact details of three people who will be contacted by us to be a reference for you:

a. Evangelism Explosion Contact Person

Name:

Relationship to You:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

b. Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

c. Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Reference (either your pastor or another church leader):

Name: \_\_\_\_\_

Role Within the Church:

Phone:

Email: \_\_\_\_\_

Name of the Church which you attend:

How often do you attend?:

Address of Church:

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Name of Pastor/ Minister:

a. Phone:

b. Email:

What ministries are you involved with at your church/which areas do you serve?:

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Level of education achieved: High School/Certificate/Diploma/Degree/Post Graduate/ (please circle)

Describe your hobbies and talents:

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Do you know for certain that if you were to die today, you would have eternal life?.

Suppose you were to die today and God was to ask you, "Why should I let you into my heaven?" What would you say?

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Briefly describe how you came to become a Christian:

\_\_\_\_\_

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\_\_\_\_\_

Have you had participation in EE Training or ministry ? (You can choose more than one)

- o Hope4Kids/Kids EE

- EE4G
- XEE
- Adult Training
- EE Mission Trip
- EE4G / High School Young Adult Ministry

Have you had any previous experience with EE4G ? If so, how long ago ?

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Briefly explain your experience with Evangelism Explosion or any of its tools (if any):

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Were you recommended to this ministry by someone within Evangelism Explosion? Who?

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Have you travelled internationally before? If so, where?

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Have you had any previous missions experience? If so, please describe: .

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Have you given any thought to full or part time Christian ministry?

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Are you open to considering a one-year placement following the completion of the Changemakers program at a future time with an EE ministry? **Yes/No or Unsure (please circle)**

Are you open to considering assisting us by mentoring and encouraging other young people who are eager to share the gospel?

Do you have any other medical condition which may affect your attendance? If so, please mention below what kind of condition (for example: diabetes, asthma, etc)

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Do you have any dietary requirements? .

Do you have, or have you previously had, have you suffered from **serious** depression or anxiety ? or any mental health issues which may affect you while overseas?

Covid-19 Vaccination Status :  Not Ye.  1 time  2 times.  Booster

What has made you interested to participate in the Changemakers program.

How did you hear about EE Changemakers? .

**\*Please attach a photograph of yourself to this application form\***

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to acceptance into the internship program, I understand that false or misleading information in my application or interview may result in my release from the program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_